



NYS BOARD OF REAL PROPERTY SERVICES

RP-459-c (7/05)

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF PERSONS WITH DISABILITIES AND LIMITED INCOMES

APPLICATION MUST BE FILED WITH YOUR LOCAL ASSESSOR BY TAXABLE STATUS DATE

Do not file this form with the State Board of Real Property Services.

General information and instructions for completing this form are contained in RP-459-c-Ins

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

Day No. () _____

Evening No. () _____

E-mail address (optional) _____

3. Location of property (see instructions):

Street address _____

City/Town _____ Village (if any) _____

School District _____

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot _____

4. Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking) _____

5. Indicate documents submitted with application as proof of disability (See instruction #5)

_____ Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)

_____ Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits

_____ Certificate from State Commission for the Blind and Visually handicapped stating that applicant is legally blind

_____ Award letter from United States Postal Service certifying disability pension

6. Indicate document submitted with application as proof of ownership (See instruction #6):

_____ Deed _____ Mortgage _____ Other (specify)

7. Do all the owners of the property presently reside on the premises? _____ Yes _____ No

If answer to question 7 is No, is an owner receiving medical care as an in-patient in a residential health care facility? _____ Yes _____ No If answer is Yes, specify name and location of the facility. _____

8. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? _____ Yes _____ No If answer is Yes, explain such use and describe the portion that is so used. _____

9. Income of each owner and resident spouse of each owner for the calendar year immediately preceding date of application MUST be set forth on next page (attach additional sheets if necessary). See instruction #9 for income to be included. (NOTE: Income does NOT include gifts, inheritances or a return of capital.)

Name of owner(s)

Source of income

Amount of income

Name of resident spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Subtotal income of owner(s) and spouse(s)		\$ _____

10. Of the income specified in #9 how much, if any, was used to pay for an owner's care in a residential health care facility? (See instruction #10) (Attach proof of amount paid: enter zero if not applicable.) \$ _____

(#9 minus #10) \$ _____

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (see instructions #11), complete the following:

(a) Medical and prescription drug costs;	\$ _____
(b) Subtract amount of (a) paid or reimbursed by insurance:	\$ _____
(c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available):	\$ _____

Total income of owner (s) and spouse (s) [#10 minus #11 (c)] \$ _____

12. Did the owner or spouse file a federal or New York State Income Tax return for the preceding year?
 ____ Yes ____ No If answer is Yes, attach copy of such return or returns. (See instruction #12.)

13. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? ____ Yes ____ No
 If Yes, show name and location of school(s): _____

If Yes, was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? ____ Yes ____ No

I certify that all statements made on this application are true and correct.

Signature (If more than one owner, all must sign.)	Marital Status	Phone No.	Date
_____	_____	_____	_____
_____	_____	_____	_____

SPACE BELOW FOR USE OF ASSESSOR

Date application filed _____	Exemption applies to taxes levied by or for:
_____ Proof of disability submitted	Town <input type="checkbox"/>
_____ Proof of ownership submitted	County <input type="checkbox"/>
_____ Application approved	School <input type="checkbox"/>
_____ Application disapproved	Village <input type="checkbox"/>

Assessor's signature _____

Date _____

THIS APPLICATION MUST BE FILED IN THE ASSESSORS OFFICE ON OR BEFORE BY MARCH 1ST

Town of Ramapo

STATEMENT OF INCOME FOR 2006

NAME OF OWNER OR OWNERS _____
SWIS CODE _____ SECTION _____ PLOT _____

APPLICANT MUST CHECK ALL APPROPRIATE SOURCES OF INCOME AS LISTED BELOW FOR THE PRIOR YEAR (2006) AND ENTER AMOUNTS. **PROOF OF ITEMS CHECKED MUST ACCOMPANY THIS STATEMENT.** IF YOU FILED A FEDERAL AND/OR STATE TAX RETURN, **A COPY OF THE FEDERAL RETURN IS REQUIRED.** PLEASE FILE THIS FORM TOGETHER WITH APPLICATION.

<u>SOURCE OF INCOME</u>		<u>AMOUNT</u>
1. SOCIAL SECURITY	___ YES ___ NO	1. _____
2. BONUSES	___ YES ___ NO	2. _____
3. SALARY OF WAGES, INCLUDING ANY PART-TIME EMPLOYMENT	___ YES ___ NO	3. _____
4. INTEREST	___ YES ___ NO	4. _____
5. NON-TAXABLE INTEREST ON STATE & LOCAL BONDS	___ YES ___ NO	5. _____
6. TOTAL DIVIDENDS	___ YES ___ NO	6. _____
7. NET RENTS PLUS CURRENT DEPRECIATION	___ YES ___ NO	7. _____
8. CAPITAL GAINS	___ YES ___ NO	8. _____
9. GAINS FROM SALES OR EXCHANGES	___ YES ___ NO	9. _____
10. NET INCOME FROM ESTATES OR TRUSTS	___ YES ___ NO	10. _____
11. NET EARNINGS FROM BUSINESS PROFESSION	___ YES ___ NO	11. _____
12. NET FARM INCOME	___ YES ___ NO	12. _____
13. MONIES RECEIVED FROM GOVT'L OR PRIVATE RETIREMENT OR PENSION	___ YES ___ NO	13. _____
14. ALIMONY OR SUPPORT MONEY	___ YES ___ NO	14. _____
15. DISABILITY PAYMENTS	___ YES ___ NO	15. _____
16. WOMEN'S COMPENSATION	___ YES ___ NO	16. _____
17. ANNUITY PAYMENTS	___ YES ___ NO	17. _____
18. UNEMPLOYMENT INSURANCE	___ YES ___ NO	18. _____
19. UNEMPLOYMENT INSURANCE	___ YES ___ NO	19. _____
20. OTHER	___ YES ___ NO	20. _____
21. TOTAL	___ YES ___ NO	21. _____

SIGNATURE (If more than one owner, all must sign)

_____ DATE _____

_____ DATE _____

APPLICATION SHOULD BE FILED BY MARCH 1ST AT THE OFFICE OF THE ASSESSOR, RAMAPO TOWN HALL, 237 ROUTE 59,
SUFFERN, NY 10901